



# *Amazing Disgrace*

A report on Old Age Assistance  
in South Carolina

By The South Carolina Council on Human Relations

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Foreword by Sen. Ernest F. Hollings



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Amazing disgrace

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## *A Report on Old Age Assistance in South Carolina*

*By Edward A. McSweeney and Paul W. Matthias*

*Foreword by Senator Ernest F. Hollings*

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Finally, we wish to express our appreciation to those public officials and elderly citizens who helped to make this report possible.

Dr. Robert J. Moore  
President

Paul W. Matthias  
Executive Director

South Carolina Council on Human Relations



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Directed by Howard A. Mays, Jr., Social Science Research Council  
Co-Directed by Philip Morgan, John DeGado, Ronald  
Ashley, and others. Other  
Co-Directors: Philip Morgan, John DeGado, Ronald  
Ashley, and others.



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South Carolina is experiencing an increasing awareness and determination to end prejudice and discrimination. Yet, the elderly citizens of this nation are consistently denied their rights. We must all work to give them back the rights that are theirs.

According to the June 1981 BLS Labor Market Report on Aging, the rate of every four older Americans there is almost a whole new generation's representation of the elderly has increased. That of older age groups has decreased. In fact, the national population of aged is steadily growing.

There are more than 25 million aged Americans. That is the equivalent of the population of the twenty smallest states and the number is increasing more than twice as fast as other age groups in the nation. While the elderly constitute 10 per cent of our total population, they comprise 20 per cent of our poor.

A low-income elderly couple spends over 70 per cent of its income on necessities of food, housing, and medical care, while a low-income family of four spends, on the average, 30 per cent for these items. There are also high property taxes which are especially harassing for the elderly who have fixed incomes. Moreover, these taxes have doubled or tripled in many communities during the last decade and reaching a record high in 1981. Many elderly have been unable to purchase their own homes and are unable to obtain ownership because of such tax burdens. In the field of health care, Medicare pays less than half of all their health care costs, which have risen 60 per cent in the past four years. The average health bill for the elderly was twice that of children and three times that of adults. The need for increased coverage is pointed out by the startling fact that



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South Carolina is experiencing an increasing awareness and determination to end prejudice and discrimination. Yet, the elderly citizens of this nation are consistently denied their rights. We must act now to give them back the rights that are theirs.

According to the June 1971 HEW Administration Report on Aging, one out of every four older Americans lives in poverty. While the economic deprivation of the elderly has increased, that of other age groups has decreased. In 1970, the national median income of an elderly person was \$1,951.

There are more than 20,500,000 aged Americans. That is the equivalent of the population of the twenty smallest states and the number is increasing more than twice as fast as other age groups in the nation. While the elderly constitute 10 per cent of our total population, they comprise 20 per cent of our poor.

A low-income elderly couple spends over 75 per cent of its income on necessities of food, housing, and medical care, while a low-income family of four spends, on the average, 56 per cent for these items. There are also high property taxes which are especially damaging for the elderly who have fixed incomes. Moreover, these taxes have doubled or tripled in many communities during the last decade and reached a record high of \$37,500,000 last year. Many who have managed to purchase their own homes are unable to retain ownership because of such tax burdens. In the line of health care, Medicare pays less than half of all their health care costs, which have risen 64 per cent in the past four years. The average health bill for the elderly is six times that of children and three times that of adults. The need for increased coverage is pointed out by the startling fact that



in a 1970 South Carolina Council on Aging Study, 30 per cent of the elderly indicated that they had a health problem that was not getting attention. This neglect cannot be allowed to continue.

In South Carolina, we have approximately 200,000 citizens over the age of 65. Their problems differ little from the rest of the elderly throughout the nation. Most of them have worked hard and been productive citizens for all of their lives; but as they approach the twilight years, they are thrown on the refuse heap, discarded as one might throw away a part of a machine which has performed faithfully for many years but has grown too old to stand the strain any longer.

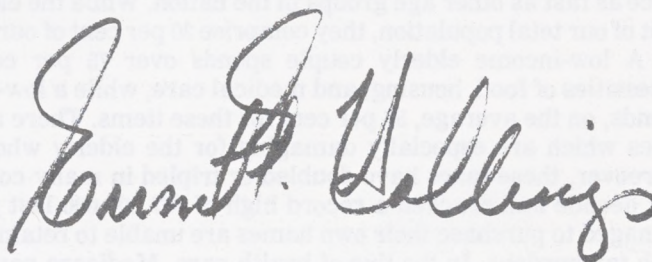
While programs like Piedmont Life Enrichment for the Aging, which was recently established as a model program in South Carolina with a federal grant of over \$200,000, are a step in the right direction, no real effort has been made to relieve the misery and suffering of our elderly.

The Nixon Administration, like all other recent administrations, has virtually ignored the plight of our aged. While President Nixon has requested \$30,000,000 for funding of the Older Americans Act, the federal government's interests are reflected in the Pentagon's public relations budget of \$39,000,000 a year. The money to buy two C5-A airplanes each year would be sufficient to fund the Older Americans Act at \$105,000,000 annually.

The theme of the White House Conference on Aging held in late November and early December of 1971 was a call for "increased voluntary action to provide services for the elderly." This "self-help" is not the answer. As one conferee said, "What the hell does that mean, when you are talking about someone who is arthritic, who is deaf, who is partially blind, whose children have moved away, and who is not properly covered by Social Security?"

Government has spent enough time and money on reports and conferences that assuage the consciences of our leaders, but provide no real help for our aged. The plight of the elderly is a good congressional cocktail party conversation item, but on the floor of the House or the Senate it is all too often ignored.

The South Carolina Council on Human Relations has rendered a public service by providing this report on the elderly poor and disadvantaged of our state. Although I do not agree with every recommendation, I believe it is a report which should be read by all South Carolinians to help us solve our problems in this area. Until we put into practice some of the solutions proposed in this study, we have no right to be pleased with ourselves in any way regarding our old age programs. After all, the elderly, like no other minority group, is one which we all must join one day.

A handwritten signature in dark ink, reading "Ernest A. Halling". The signature is written in a cursive, flowing style. The first name "Ernest" is written with a large, looped 'E'. The middle initial "A." is smaller and more compact. The last name "Halling" is written with a large, sweeping 'H' and a long, trailing flourish that extends to the right.



# Introduction

The United States, it has been said, is the only major country in the world that does not take care of its old people. Grandpa might be loved, but too often neither his family nor his government accords him the measure of comfort and security dictated by common decency. Millions of Americans slip into the twilight years not with dignity and respect but in loneliness and grinding poverty.<sup>1</sup>

The plight of the aged has stirred a great deal of national interest in recent months, stimulating legislative proposals at the national and state levels.<sup>2</sup> This report on the administration of the Old Age Assistance program in South Carolina examines the conditions in which many of this state's elderly poor people live and some of the reasons these conditions exist. The report concludes with recommendations by which the state and local governments can significantly improve the lot of their elderly poor within the existing program.

The report was prepared by the staff of the Advocacy Program of the South Carolina Council on Human Relations. The Advocacy Program was established in the spring of 1971 as a means of examining selected state governmental programs in South Carolina to determine the extent to which their services and benefits are administered equitably to black and white citizens of the state, especially those who are poor. This report is the first of a continuing series of such research studies to be conducted by the Advocacy Program staff. Future studies will examine other programs under the jurisdiction of the South Carolina Department of Public Welfare, as well as the administration of the criminal justice system in the state.

The complete report is the result of six months of research and writing, including a review of appropriate federal and state regulations, statistical analysis and comparisons, and numerous personal interviews. The primary research material was compiled in four counties representative of the state's social, economic, and demographic characteristics: Richland, Marlboro, Lee, and Pickens. Information also was supplied by representatives

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<sup>1</sup>William T. Fitch, ed., *The Golden Years . . . A Tarnished Myth*, The National Council on the Aging, Inc. (New York, 1970). *Poverty Amid Plenty . . . The American Paradox*, The Report of the President's Commission on Income Maintenance Programs (November, 1969), pp. 23-24. *Planning and Evaluation, Poverty Status Tabulations*, United States Department of Health, Education and Welfare, Office of the Assistant Secretary, 1966.

<sup>2</sup>1971 *White House Conference on Aging: Reports of the Special Concerns Sessions* (mimeo). *Summary Report of Older Americans Community White House Forums*. South Carolina, South Carolina Interagency Council on Aging, Columbia, South Carolina (April, 1971).



of the Department of Health, Education, and Welfare, Region IV, Atlanta, and the state office of the South Carolina Department of Public Welfare.

Advocacy Program staff members interviewed directors, supervisors, caseworkers, and homemakers of the County Welfare Departments of Richland, Marlboro, Lee, and Pickens Counties. The directors and supervisors were interviewed on a non-structured basis. The caseworkers were interviewed with a prepared questionnaire.

Where possible, other agency personnel serving the poor of the area — such as those in the Office of Economic Opportunity and Community Mental Health programs — also were interviewed.

A total of 90 Old Age Assistance recipients were interviewed with prepared questionnaires. In Richland County, a random sample of recipients was obtained through the cooperation of Dr. R. Archie Ellis, Director of the S.C. Department of Public Welfare, and Mrs. Lillie Mae Dean, Director of the Richland County Department of Public Welfare. In Marlboro and Lee Counties, the recipient interviews were obtained through the cooperation of the local Office of Economic Opportunity.

A statistical analysis was made of the Old Age Assistance program of this state and the same program as it operates in other states. An analysis also was made of the differences in available payments to Old Age Assistance recipients in the 46 counties of the state. The replies by recipients to the questionnaire in Richland County were tabulated and analyzed. Results from a 1965 statewide survey of Old Age Assistance were also studied.



# I

## Amazing Disgrace

*. . . The elderly poor and how they live*

Her name is the only thing she has now that she can call her own. But here we must deny her even that. So let us call her "Miss Mary" and say that once she was given some respect as a human being.

Once she worked in a cotton mill. But that was a long time ago, for she is 86 now and she has been in the care of a succession of strangers for several years. When a visitor went to talk with her one day in August of 1971 she was living in a home for the aged in Richland County.

"She doesn't come out of her room much," the manager said.

"Then can I go in and talk with her there?" the visitor asked.

"No. We'll get her out here," the manager said. "I want her to come out. I want you to see the kind of person we have to put up with . . . the welfare begged me to take her and they only pay \$140 a month. The other patients pay \$225."

Several years ago Miss Mary had been discovered living alone in conditions that were a threat to her safety. This is the second home for the aged she has been assigned to since then.

"When we got her we had to practically sterilize her," the manager said. "If she could take care of herself she would go back to living like a hermit in that mess . . . she wets the bed and that's why the place smells so bad; even though we try to keep her clean, she's dirty. Know what I mean?"

The manager went to Miss Mary's room and returned to say that Miss Mary was "all emotional now that I've told her someone is here to see her. She says she can't walk now."

"Then why can't I go into her room if it's easier?" the visitor asked.

"Because I want her to come out here," the manager said.

Miss Mary did come out a few minutes later, walking very slowly with her walker and looking alternately at the manager and the visitor the way a small child looks when he expects punishment but is afraid to ask the reason for it.

Obviously frightened — even intimidated, Miss Mary waited for permission to talk. The visitor was introduced and the purpose of the visit was explained.

"If you have any complaints you tell this lady," the manager said to Miss Mary. "She might help you find another place to live and that would make us all happy. I'll even go out so I won't hear you if you have any secrets to tell."

The interview that followed was a painful one for both the visitor and Miss Mary. It began and ended the same way.



"I want to go home," Miss Mary said at the beginning. Her voice quivered throughout. "I just want to go home," she said again at the end.

Miss Mary does not have a home. She said she has a brother and a sister. But the welfare department has not been able to find them.

Miss Mary's circumstances are not unusual. She is one of more than 19,000 South Carolinians who, having aged out of a productive place in society, are turned out to pastures of fear and loneliness and often destitution. As recipients of Old Age Assistance grants from the state, this legion of elderly poor represents the best effort the state is prepared to put forth in behalf of its old people and, at the same time, some of the worst aspects of the public welfare concept.

It can be argued that Miss Mary is better off than some other OAA recipients. Consider, for example, the life of an elderly Richland County man who worked 57 years as a farmer and laborer before he was felled by arthritis and a heart condition. He lives alone now on a total monthly income of \$94.09 — \$29.09 from public welfare and \$65 from Social Security. He pays \$29 a month for rent on his four-room house, which has a leaking roof and cold water. In order to keep down the cost of electricity, he plays his radio only on Sundays and goes to bed before dark in the summer.

Or consider the plight of the elderly woman and her daughter who live together in a one-room shack in western Lee County. The woman is so old that no one knows her exact age. Her daughter is about 65 years old and mentally retarded. They both provide their own fuel by gathering logs from a nearby woods. The older woman fell while gathering wood sometime during the autumn of 1971. The deep gash will not be treated by a doctor, and most likely will not heal.

Statistically, the Old Age Assistance recipient in South Carolina is a black woman who is about 77 years old and has total income ranging from less than \$40 a month to rarely more than \$100 a month. Though she might live with a surviving husband or another relative, the chances are almost one-in-three that she lives alone. More often than not, she lives in rental housing which was already sub-standard.

However, statistics alone cannot fully describe the living conditions of South Carolina's Old Age Assistance recipients, and to acknowledge — as the S.C. Department of Public Welfare acknowledged in its 1969 Annual Report — that "many thousands of our elderly citizens are merely existing, and are without adequate medical services" is to understate the seriousness of the problem.

To examine more thoroughly the inadequacies of the state's Old Age Assistance program and to find some of the causes for these inadequacies, the Advocacy Program of the South Carolina Council on Human Relations assembled a research team in the summer of 1971 and began a six-month study which would include first-hand interviews with the recipients themselves. Using prepared questionnaires, the researchers interviewed 90 OAA recipients in Richland, Marlboro and Lee Counties.

Four counties were selected as representing important aspects of the state's social, economic and demographic features. Richland County is urban in character and has a large population of aged persons. Lee County is rural, with a small aged population, nearly half of whom are black. It also has a high unemployment rate, although it is located within a 50-mile radius of Columbia. Marlboro County has similar characteristics to Lee County, but it has the additional distinction of being an outlying county, not within easy distance of any urbanized area. It has been designated by the United States Department of Labor as a high unemployment area, and it is part of one of the ten Regional Districts of the state with the highest rates of malnutrition, infant mortality,



and overall poverty. Pickens County is largely white and relatively wealthy county.

In the selection and interviewing of aged recipients, survey research principles were applied where possible. However, the research team was able to organize a random sample of aged recipients only in Richland County due to some technicalities in welfare regulations. Consequently, many recipients interviewed in the other counties were found not to be recipients of Old Age Assistance, but some other category of welfare. Interviews with non-OAA recipients, therefore, are not discussed in this report, and our sample results reported in the tables consist of OAA recipients from Richland County.

The Advocacy Program staff defined the life style of the OAA recipient not solely by scientific sample, but rather by careful interview and first-hand examination of physical circumstances. Nonetheless, a substantial part of the information gathered from the OAA recipients in the Richland County sample was subjected to analysis, of which specific detail can be found in Appendix A.

The results of the survey in all four counties show clearly that the elderly welfare recipient in South Carolina lives in conditions which are totally unjustifiable and unacceptable in a society in which others have so much. If these conditions correctly gauge the quality of the state's social conscience — and there is no compelling evidence otherwise — then it might be fairly asked which is poorer: those individuals who must suffer such conditions or that society which imposes the conditions? Who has less, the physically poor or those suffering from a moral and spiritual poverty?

### Be It Ever So Humble

A woman we shall call Mrs. Smith rents a four-room house in Columbia for \$35 a month. She also pays \$7.50 per month for gas and water, although she had to buy a heater because her house has no equipment for heating. The house has no hot water, a toilet that works only occasionally, and a roof that leaks dependably.





Mrs. Smith, who suffers from several physical ailments, spent three months trying to get into a public housing project. She failed because the project's waiting list was too long, and because priority is given to younger families with children.

A couple we shall call Mr. and Mrs. Brown live with their two grandchildren in a four-room house in Bishopville. Mr. Brown works for the owner of the house, performing such tasks as feeding hogs and horses, and keeping the grounds of the owner's home. In return, the Browns are allowed to live in their house rent-free. There are holes in the roof, abundant rats and roaches, and only one room that is heated in winter.

Housing for almost all Old Age Assistance recipients is poor. The housing of black recipients is noticeably poorer than that of whites. All ten of the recipients who reported having no indoor plumbing were black. Of the recipients who responded to the question "Is there hot water?", 44% of the blacks and 17% of the whites said "No." In response to the question "Does the roof leak when it rains?", 34% of the blacks and 23% of the whites replied "Yes." Other housing results are reported in Appendix A.

During their visits in the homes of the recipients, the researchers found old people easily susceptible to disease and accidents living in houses which would be condemned as hazardous under any effective building code. Single-wall and single-floor construction was almost uniform. Almost all of the houses lacked any kind of insulation. Gaps could be seen in walls, and at doors and windows. One interviewer found eleven windowpanes missing in one house. Others found rotten floor boards and steps. Most houses had no electricity and only rudimentary means of heating and cooking.

### **Their Daily Bread**

The elderly persons living alone and dependent solely on a welfare check in South Carolina must survive on an income less than half of what the federal government designates as "poverty level." Even with Food Stamps worth \$32 which can be purchased for \$10, the Old Age Assistance recipient in this state, with no outside income, would have resources worth only \$102 a month — or less than two-thirds of the 1970 poverty level.<sup>3</sup>

It is not surprising, then, that Advocacy Program questionnaires turned up "more money for food" as a frequent answer to what OAA recipients themselves see as a major need the present system is not fulfilling.

The amount allocated for food in the present OAA grant is \$33.75 per month. Together with Food Stamps worth \$32 as of the time of this study, a possible maximum of \$55.75 (after deducting the \$10 cost of the Food Stamps) would be available for food for any OAA recipient.

But, for one reason or another — not the least of which is the considerable difficulty in obtaining Food Stamps in many locations — large numbers of OAA recipients do not participate in the Food Stamp Program. Many of those who do participate use only the Food Stamps for actual food purchases and divert the remaining food allotment to offset other expenses, such as clothing, transportation and utilities. This diversion of funds is made necessary in many cases by the pathetically low allocations for other needs in the OAA budget.

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<sup>3</sup>*Current Population Reports*, Bureau of the Census, Series P-60, No. 77. The reader is referred to Appendix B, a chart indicating the maximum amount of Old Age Assistance each state will pay.



Obviously it would be to the advantage of the recipient to get Food Stamps in most cases, and interviews with caseworkers indicate that efforts are made to point out the benefits of Food Stamps to the clients.

There are several apparent reasons why Food Stamp participation is not greater than it is. At least some of the OAA recipients do not participate because of pride. One woman, the sister-in-law of an OAA recipient, said she believes it is her duty to provide the brother-in-law with food as long as she can.

Perhaps the most common deterrent to Food Stamp participation is the problem of transportation. Many OAA recipients live in rural, semi-isolated settings and do not own a car. It appears to be not uncommon for the recipient to pay a friend, a relative or a neighbor to transport him to the Food Stamp office. Also, according to the Advocacy Program survey, black Old Age Assistance recipients participated in the Food Stamp program to a greater extent than did whites.

Statistics received from the state public welfare department reveal that over 40% of Old Age Assistance recipients in the state were not receiving Food Stamps as of January 14, 1972.

Food Stamps can be purchased by mail (requiring a visit to the Post Office to buy a money order) and by participation in Public Assistance Withholding (stamps has been deducted). In early autumn of 1971, though, only 600 or 4,150 welfare cases (all categories) in Richland County were purchasing Food Stamps by mail. About 550 recipients were using Public Assistance Withholding to obtain Food Stamps; and, by January of 1972, it had increased to only 711 cases.

According to the United States Department of Agriculture's March, 1971, issue of *Family Economic Review*, the department priced its low-cost food plan for a man between the ages of 55 and 75 living alone in the southeastern United States at \$36 a month as of December, 1970. By the government's own admission, a diet based on foods purchased for that amount requires a considerable degree of nutritional and economic expertise beyond the level of many people, including most Old Age Assistance recipients. In a department study, only 30% of those persons spending an equivalent amount on food had nutritionally adequate diets.<sup>4</sup> According to the United States Department of Labor, "Menus based on the (USDA low-cost diet) plan will include foods requiring a considerable amount of home preparations as well as skill in cooking to make varied and appetizing meals."<sup>5</sup> In 1965, more than 2/3 of Southern households with income of less than \$1,000 spent less than \$8 a week for food, indicating widespread nutritional deficiency.<sup>6</sup>

The Advocacy Program sample of Old Age Assistance recipients in Richland County found only 49% participating in the Food Stamp program. Considering other handicaps — the lack of refrigeration, inadequate cooking facilities, limited variety of food intake, etc. — the indication of nutritional deficiencies is practically a certainty.

#### "... Without Adequate Medical Services"

"Tell me," the woman said to her visitor, "are there some kind of by-laws or rules of the welfare department and Medicaid to explain it so I can understand it?"

<sup>4</sup>U.S. Department of Labor, Bureau of Labor Statistics, *Three Budgets for a Retired Couple in Urban Areas of the United States, 1967-68*, Bulletin No. 1570-6, p. 8.

<sup>5</sup>*Ibid.*

<sup>6</sup>U.S. Department of Agriculture, *Household Consumption Survey 65-66*, report No. 9.



This woman was a nurse for 20 years, an educated member of the white middle-class. Her question, put to a member of the Advocacy Program team, explains to some extent the disparity between availability and delivery of health care for South Carolina's elderly poor.

On the other hand South Carolina OAA recipients have a greater health problem than similar persons have in the nation as a whole. A nationwide survey of Old Age Assistance recipients conducted in 1965 by the U.S. Department of Health, Education and Welfare found the incidence of deafness, paralysis, hip or leg injury, heart trouble, high blood pressure, diabetes, arthritis, and rheumatism higher in South Carolina than the national average and greater also than in most other states.<sup>7</sup>

The Advocacy Program study did not attempt a complete examination of the Medicaid and Medicare programs. But general research into the health problems of the aged touched inevitably on Medicare-Medicaid and revealed shortcomings in the delivery of services through the two programs.

The fundamental problem appears to be one of effective communication. The vast majority of Old Age Assistance recipients interviewed did not understand the two medical programs, and it is obvious that state and county welfare personnel are not effectively fulfilling their responsibility to explain Medicare and Medicaid to the recipients as well as to the physicians.

The availability of Medicare-Medicaid benefits is restricted even further by the reluctance of many physicians to participate in one or both programs. In the Bishopville area, as one example, almost all welfare recipients are treated by one physician because the other doctors will not handle Medicare or Medicaid. In McCormick County, we were informed by Mrs. Patterson, the McCormick County Welfare Director, that one of the two doctors in that county does not accept Medicare or Medicaid and that the other is planning to accept Medicaid no longer.

The result, as the South Carolina Department of Public Welfare stated in its 1969 Annual Report, is that "many thousands of our elderly citizens . . . are without adequate medical services."

"Without adequate medical services" means, in far too many homes, that ulcerated limbs and stomachs go untreated. It means sleepless nights and agonizing days of unrelieved pain.

Because the state will provide dental care only on an emergency basis, it means rotting teeth, vacant gums, broken or loose-fitting dentures, compounding nutritional problems.

It means, as an official in the Atlanta office of HEW told an Advocacy Program staff member: "The state will pay for pulling a tooth, but it will not pay to prevent the need to pull it."

Because of something called the Drug Formulary, the state will pay only for those prescription drugs compiled and approved by representatives of the medical and pharmaceutical associations. For both the patient and the physician, this might mean that a drug needed at a particular moment for a particular ailment is not on the Formulary or approved list — which, in turn, means that the patient either pays for the drug or goes without it.

The survey turned up repeated complaints by recipients that they are having to take medicines which their Medicaid card will not pay for. In Richland County, for example,

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<sup>7</sup>*Findings of the 1965 Survey of Old Age Assistance Recipients Data by State and Census Division, U.S. Department of Health, Education, and Welfare, September, 1967, Tables 45 and 46.*



22% of those interviewed reported that the welfare department had not paid for any medicine. Fourteen of those interviewed reported specific instances of paying for medicine. One woman reported spending \$15 for blood pressure medicine in one month; another woman reported spending \$20 for same. Since \$20 seems to be a great deal of money, we checked with a local drug store which stated that \$20 a month is indeed a "reasonable" amount to spend on medicine for blood pressure.

Doctors maintain that the Formulary list is not comprehensive enough and that it removes from the physician the power to give to the patient the drug he has judged to be most effective for a specific health problem. Physicians are reluctant to use a safety mechanism stipulating that the state will pay for non-Formulary drugs necessary for life if the physician submits certain forms to the State Department of Public Welfare.

One reason for this reluctance might be that the question arises of what drug is necessary for human life. The human body has essentially the same nutritional needs at 80 that it has at 40. But, after 80 years of use, even the human body becomes less efficient in performing some functions. In many older people, for example, the digestive processes become impaired, so that food intake alone does not assure the proper amounts of essential vitamins and minerals. Thus, physicians can find nutritional supplements advisable in many cases, and sometimes vital.

The survey found one elderly woman who was suffering from pellagra. Her physician was prescribing vitamins which are essential to pellagra therapy. But, according to Mr. Floyd, Deputy Director of the State Department of Public Welfare, Medicaid in this state does not pay for vitamins under any circumstances. The woman had to pay for them out of her own meager budget.

It may be concluded, therefore, that the state's elderly poor, whose medical need is greater than that of the rest of society, have the greatest difficulty obtaining medical services.

### **Not Even a Pot**

If most Americans find it difficult to fully appreciate the day-to-day existence of the elderly poor, it is understandable. The reason is that mainstream America tends to nudge its old folks — especially those who are poor — into the dark corners of society. Thus, out of sight and out of mind, they become a kind of separate sub-culture, alien to the changing, rushing world around them.

Many of the elderly poor own nothing more than a family Bible, "my mother's bed," or the clothes on their backs. How can a society surfeited with possessions truly appreciate one old woman's deep yearning to own something, even "a pot with a flower in it on the porch"?

How can a man with more leisure time than he knows how to spend appreciate one lonely old man's sole means of recreation: an occasional game of checkers with a neighbor? How can a charge-card culture understand another culture in which adults pinch pennies from their food budgets in order to save money for a new piece of underwear?

How can healthy, affluent Americans fully appreciate the peculiar fears of the poverty-stricken old: the fear of a fall that might mean a broken hip, the fear of violating a welfare rule and thus arbitrarily losing all income, the fear of a dead tree limb that menaces life or property, and the worst fear of all — the constant specter of death?



"I like things clean," one elderly woman said. "I love to wash every night. I clean up the dust so, if they find me dead in bed, the house will be clean."

But, if some Americans cannot understand these conditions, others must ask how the conditions arose and why they go on existing.





## II The Welfare Commandment

. . . Thou Shalt Remain Poor

Conditions in which the elderly poor live in South Carolina demonstrate clearly that something is wrong with the state's Old Age Assistance program.

You do not have to look very far to find out what that something is.

Without doubt there are examples of individual failures and abuses in *the administration* of the program. These administrative shortcomings will be examined in some detail.

But the removal of administrative failure alone will not lift the elderly poor into a full life of dignity and comfort — in South Carolina or any other state. For the essential failure lies not in *the administration* of Old Age Assistance but rather in *the concept* underlying the program.

To begin to understand the Old Age Assistance program one must first disabuse himself of some misconceptions. He must first examine what OAA is and what it is not.

Old Age Assistance is not a program designed to take people out of poverty, although the welfare manual says it is. Old Age Assistance is grounded solidly in the Work Ethic — that social principle which holds that nobody can be permitted something for nothing.

Neither public welfare nor Old Age Assistance is accepted by society as a human right. Rather, it is regarded as a public charity — one given grudgingly and sparingly. To receive Old Age Assistance, the individual must take the initiative to apply. He must be found qualified — that is, destitute; and he must be willing to subject himself to constant examination to determine that he remains so.

Old Age Assistance is punitive by nature. It is meant to enforce a standard of living markedly and consistently below that of so-called productive members of society. It may be said of public welfare that its First Commandment is "Thou art poor; thou shalt remain poor."

Any change in the OAA recipient's financial status has to be reported immediately, and any change for the better means a corresponding decrease in public assistance. One 72-year-old woman in Richland County was encouraged by her caseworker to find a part-time job. She did, and promptly suffered a 75 per cent cut in her \$72-a-month OAA grant.

The United States Social Security Administration recognizes that the aged need periodic cost-of-living increases just as others in society need them. Public welfare not only does not accept this principle, but also — and in effect — robs the aged poor of the Social Security increases.

During the period of March, 1970, through December, 1971, there were periodic increases in Social Security. Only in the case of the \$4.00 increase granted in March, 1970, did Congress permit an exception and allow it to be disregarded in the case of the



person living on a combined Old Age Assistance and Social Security income. In all other instances, the aged recipient had his Old Age Assistance grant reduced by the amount of the Social Security increase. In effect, this means that Social Security is subsidizing the public welfare program without creating any benefit to the public welfare recipient.

In South Carolina and several other states which do not participate in the "medically needy only" aspect of the Medicaid program, the elderly are especially penalized because they are too poor to pay for their medical care but not poor enough to qualify for welfare assistance. Thus, a small increase in Social Security, which cannot be refused, can leave the elderly person worse off than before. Suppose a person was receiving \$80 in Social Security and \$7 in Old Age Assistance. A 10% increase in Social Security would raise his income to \$88, leaving him ineligible for Old Age Assistance and also for Medicaid. His drug bills alone would amount to more than \$1 a month.

What this illustrates is that public assistance to the elderly poor is, to a great extent, a numbers game. It is at one and the same time a federal program, a state program, and a local program, and none of these alone. The money to pay for Old Age Assistance comes primarily from the federal government. The decisions are made primarily at the state and local levels. This causes a disparity in the level of payments from one state to another. States differ in their ability and willingness to match federal money, which means that the elderly poor are less poor in some states than in others.

Perhaps the greatest weakness in the concept of Old Age Assistance is society's attitude that the state owes no debt to its aged. The man who ran society's looms and tilled its soil for half a century is considered to have been paid in full by his weekly wages. It is part and parcel of the American belief in individual initiative and independence that one must — by himself — lay up something for the day when he is no longer able to tend a loom or till the soil. If the individual himself fails to provide for his twilight years, then he becomes the responsibility of his family.

However, in the United States — even in the South, where veneration of age is still touted as a part of the culture — too many old people slip toward the sunset of life alone and totally dependent, with neither relatives nor government committed to their welfare.

The state cannot be expected to enforce upon the private citizen the biblical commandment to honor thy father and mother. But, until the state itself accepts the burden of that commandment, the concept of public welfare will remain unchanged and inadequate.

### **The Rich Get Richer . . .**

One day in the fall of 1938, Thomas H. Daniel, South Carolina's first state Director of Public Welfare, sat down to write his initial Annual Report. He was quite proud of what his state was doing in behalf of its elderly poor.

In the last month of the fiscal year 1938, Daniel reported, there were 21,842 persons receiving Old Age Assistance. South Carolina, he noted, was doing better for its elderly poor than were most other southern states. Only two of her neighbors, Florida and Tennessee, were paying higher average grants than South Carolina's average grant of \$10.78 a month.

Among seven southeastern states, Florida led the group with an average grant of \$14.55. Tennessee was second with \$13.25, followed by South Carolina at \$10.78, Alabama at \$10.05, North Carolina at \$9.51, Georgia at \$9.09, and Mississippi at \$4.79.

And yet, thirty-one years later, State Welfare Director Arthur B. Rivers made this acknowledgement in his department's 32nd Annual Report:



"It can be said without fear of contradiction that many of the elderly persons removed from welfare rolls would still be on it if it were possible to give them anything like an adequate standard of living. Many thousands of our elderly citizens are merely existing, and are without adequate medical services."

Then, in October of 1971, Rivers' successor, Dr. R. Archie Ellis, appeared before the State Budget and Control Board to plead for a 10% increase in welfare benefits.

"South Carolinians have an erroneous conception of the amount of money public welfare recipients receive," Dr. Ellis said. "For example, our Old Age Assistance recipients can only get a *maximum* of \$80 a month from welfare which is the lowest in the nation. If we raise the grant by 10% . . . our *average* payment would increase to \$55 a month or 46th in the nation."

What happened in those three decades is that South Carolina's rich got richer and its poor got relatively poorer. The state's per capita income increased twelve times during these three decades, but its aged poor did not share proportionately in the new wealth; the average Old Age Assistance grant increased only four and one-half times.

In fiscal year 1960, state expenditures for Old Age Assistance were \$3,414,385; by 1963, they had decreased to \$2,802,791, and by 1971, to \$2,199,466. At the end of fiscal year 1963, the maximum grant was \$70 a month; in June of 1971, it was \$80 a month. However, prices had increased 32.5%. So, in effect, the \$80 amounted to only as much as \$60 in 1963. The Old Age Assistance recipient, therefore, had *lost* \$10 of spending power.

In its support for Old Age Assistance, South Carolina fell from third place to dead last among the seven southeastern states used in the 1938 comparison. In 1938, the other six states were paying 53% of the national average, and by March of 1971 had come up as a group to 75% — an increase of 22 points. South Carolina, on the other hand, had improved its relative position by only 6 points, paying 62.7% of the national average.

This did not happen because South Carolina is such a poor state; in fact, during this period, South Carolina increased its per capita income more rapidly than the average for the region. It happened because South Carolinians were not willing to pay the price of social conscience. Throughout the 35 years since the current welfare system was established in South Carolina, it has been grounded solidly in a philosophy of negativism and human insensitivity. The goal was to help as few as possible with as little as possible. Money was spent not according to how much was needed, but how little was permissible.

In other words, in 1969-70, out of state and local funds, South Carolina spent \$1.95 per \$1,000 of personal income for public assistance payments (all programs). This contrasts with an average of \$8.20 for the nation as a whole. Only Arizona was lower than South Carolina at \$1.85, Mississippi spent \$2.85 per \$1,000 of personal income, and Alabama spent \$4.15.<sup>8</sup> Both of these states have a lower per capita income than does South Carolina.

This is why the state's expenditures in behalf of its elderly poor are not in proportion to its financial ability, even when compared to the ratio of expenditures and resources of other states. And this is why South Carolina currently is spending nearly four times the amount of public funds on highways that it spends on all public welfare programs.<sup>9</sup>

If there was a commitment by state government, it was not to lifting up the poor, but rather to holding down the welfare budget.

<sup>8</sup>United States Department of Health, Education, and Welfare, Social and Rehabilitation Service: Public Assistance Statistics, March 1971. (Cover).

<sup>9</sup>Conference Report on General Appropriation Bill 1971-1972. Introduced by Ways and Means Committee, pp. 123, 218.





"Again and again, it was indicated to me that if we did nothing about an issue, it would not become one."

—state welfare official

One high official in the State Department of Public Welfare has characterized the administrative philosophy of the department during those years this way: "Again and again, it was indicated to me that, if we did nothing about an issue, it would not become one." The prevailing attitude, he said, "was to avoid upsetting the governor and the legislature . . . There was no real understanding of poverty and the problems of poverty." Today, that philosophy and the conditions created by it still exist. The appointment of a new State Welfare Director in July, 1970, touched off some hope of improvement. The formation of a welfare rights organization in January of 1971 increased the pressure for the state to answer the cry of the poor. However, the full impact of these two events can be compared at best to a stone dropped into the ocean. South Carolina remains last, lowest, and poorest in what it does for its Old Age Assistance recipients.

For the man who must sleep with his head covered in order to protect his eyes from falling plaster, it makes very little difference who runs the state welfare department. The woman who has been trying for four years without any success (perhaps due to communications failure) to get a pair of glasses cannot be expected to see any great advantage in a \$7-a-month increase in the Old Age Assistance payment. If the state's public welfare administration has any serious intention of meeting society's full obligation to men and women such as these, it must bring itself not only to a radical change in philosophy, but also to fundamental changes in the administrative structure of the present system.



### III

## The Letter Of The Law

*. . . As much or as little*

As it is presently written, the Old Age Assistance program in South Carolina is intended to provide a "reasonable subsistence compatible with decency and health" for those citizens 65 or older who are unable to provide their own subsistence. To qualify for Old Age Assistance, the individual must not have disposed of property in order to become eligible for the program. He cannot have more than \$750 in savings or more than \$1,000 in savings in the case of a husband and wife. If he owns property, he must be willing, in effect, to mortgage that property to the state in return for his welfare check.

Once qualified to receive Old Age Assistance, the South Carolina resident finds that the numbers game becomes even more complicated. Although he is probably not aware of it, his state is among the stingiest in the nation in the way it spends its old-age dollar. Only West Virginia and Mississippi have lower maximum grants in Old Age Assistance than does South Carolina.

The State Department of Public Welfare has determined that a person living on Old Age Assistance needs only \$87 a month. The venerable and sometimes aged state legislators have determined, though, that the state cannot afford to pay that amount of money. Thus, the legislative appropriation for public welfare permits the state to pay a maximum grant of only \$80 a month. Old Age Assistance recipients in the state also are eligible to participate in the Food Stamp Program and in the Medicaid Program. In addition to Medicaid, some are also eligible to participate in Medicare.

The actual amount of grant any person shall receive is determined by the county welfare department, and the average varies widely from county to county for reasons we have not been able to explain satisfactorily.

Federal law stipulates, that the Old Age Assistance grant should support "reasonable standards." However, it does not prescribe what is reasonable; thus each state is permitted to pay as much as 100% or as little as 1% of the recipient's needs.

In order to receive any money at all, the applicant must show an itemized budget deficit (rent, food, clothing, utilities) of at least \$4 a month. Moreover, only a certain amount of the grant is allowed as the maximum for each budget item, so that a recipient might actually need \$50 a month for rent but can receive only a maximum of \$35 for that purpose.

Other sources of income (pension, Social Security, private gifts) are taken into consideration in determining the amount of the grant. If he has the opportunity, the recipient may continue to work. However, in order to remain eligible for Old Age Assistance, he is allowed to earn only a small amount. State law provides that a recipient



may keep up to \$5 a month of any income, but any *earned* income beyond \$20.00 carries a risk of losing all or part of the state grant.

Suppose Mrs. Jones gets a job caring for a neighbor's children and earns \$80 a month. Besides the \$5 minimum exemption (from any source of income), the state also may exempt the first \$20 of her earnings plus one half of the remainder. Because she is earning \$80 a month, the OAA grant is reduced by \$25.

Besides cash grants, public welfare is supposed to offer certain services to OAA recipients—some mandatory in all states and others optional. But, HEW exercises only minimum enforcement of these federal regulations; hence, services regarded as mandatory by the federal government become optional within the states.

Other mandatory provisions spelled out by the federal government are:

- The state program must be uniform within each state but not among all states, and benefits must be available equally to all who qualify.

- Each state must set up a "Fair Hearing" mechanism to give applicants and recipients the opportunity to express grievances and to have action taken upon those grievances.

- The local welfare department is required to inform each applicant and recipient of the available services and to extend an opportunity to them to express their needs and to request available services.

Those services required by the federal government to be made available in every local welfare department include:

- Information about the department's programs and referral to appropriate community resources.

- Arrangements for medical services, including psychiatric services to evaluate and safeguard those with serious impediments; arrangements for guardianship, commitment, or other protective placement when necessary; assistance to individuals in moving from situations which are, or are likely to become, hazardous to their health or well-being; and cooperation and planning with courts on behalf of individuals with serious mental impairments.

- Assistance to enable persons to remain in, or return to, their homes or communities, including help in locating suitable independent living arrangements; enlisting the help of interested relatives, friends, and other resources to assist persons to remain in the community and to maintain themselves there; and assistance to individuals to carry out necessary medical, health, and health-maintenance plans.

- Assistance in meeting health needs (including treatment and mechanical aids) available under Medicare and Medicaid; assistance in making arrangements for transportation to receive proper health care; planning with relatives or others to make sure medical recommendations are carried out; maintaining necessary liaison with medical personnel and facilities to assure that necessary social services are provided; and, in a medical emergency, obtaining the services of a physician, arranging both care of dependents and other social services required.

- Self-support services for the handicapped, including counseling on training and employment opportunities and provision of a referral service to other public and voluntary agencies.

In addition to these mandatory services, federal regulations also suggest other optional services which the state may provide if it chooses. But each state may decline to offer any or all of these options and thus lose the available 75 per cent federal financial participation.



Among these optional services are housing improvement and assistance services, services for adults receiving foster care and day care, chore services, home-delivered meals, companionship services, educational services related to managing money and consumer protection, and homemaker services. (Beginning April 1, 1974, the homemaker service becomes mandatory, providing the elderly poor with help in home management and maintenance, and personal care.)

In addition, there are services which invite social and community participation, and which may be provided to either groups or individuals. These include helping the aged get recreational and educational services, giving them the opportunity to participate in volunteer and paid services offered by agencies and organizations in the community, and providing social group services in places like neighborhood service centers and multi-purpose senior citizen centers.

For individuals with special needs there are optional provisions for legal services, family planning, alcoholism, drug addiction, and mental retardation.

In summary, it can be said that the state can do almost as much or almost as little for its elderly poor as it chooses to do without incurring federal disfavor. As long as its bookkeeping is correct, the state can ignore even the mandatory federal provisions with minimal risk because the federal government has little coercive power short of cutting off federal funds—an action resulting in more pain to the elderly than to the program administrators.

Regrettably, South Carolina has chosen to do almost as little as it possibly can. In its day-to-day administration of the public welfare concept South Carolina subscribes to the letter of the law but not its spirit.

Optional services to the elderly poor, suggested in federal regulations and for which federal money is available, are for the most part non-existent in South Carolina. The availability of even the mandatory services and benefits is spotty, to say the least.

It may be said of the Old Age Assistance program in South Carolina that it is fiscally unimaginative and humanly insensitive.

This does not have to be.

The state can bring about some substantial improvements in the lives of its elderly poor with nothing more than an honest commitment to administer the Old Age Assistance program in such a way that recipients receive every benefit provided for in the present welfare concept.



# IV

## *From Apathy to Denial*

### *. . . Welfare in the Counties*

South Carolina has not one welfare department but 47 departments—46 of them operating more or less independently at the county level and one operating ostensibly in a supervisory and leadership capacity on a statewide level. The result is that South Carolina does not in the truest sense comply with the federal requirement for a uniformly administered program reaching all those who are eligible.

In fact, administrative decisions vary from county to county because the state office has not in the past enforced uniform interpretation of policy and regulations. An Old Age Assistance recipient can find himself eligible for Food Stamps in Richland County and not eligible in Lee County, where interpretation of policy on separate cooking facilities, for example, has gone unchallenged.

In March of 1971 an Old Age Assistance family moved from Sumter County to Lee County. Over a three-month period the move cost them about \$115 in lost welfare payments because the two counties put different interpretations on supposedly uniform state regulations. The family's size and its financial circumstances were identical in both counties. The only change was the increased cost of housing—which, in fact, should have qualified the family for an additional \$10 a month because of the higher rent payment in Lee County.

In Sumter County, the elderly couple—both in wheelchairs for more than a decade—was receiving a combined Old Age Assistance grant of \$47 a month. For the first three months in Lee County, the couple received a different amount each month. In May the check was \$7, in June \$11. In July they got nothing; they were told by the county welfare department that their income from Social Security was enough for them to live on. They asked for a Fair Hearing, but the welfare department said it would send them a check instead. They still had not received the next check by the end of August.

Average annual payments in fiscal 1970 varied from a high of \$637 in Pickens County to a low of \$481 in McCormick. The McCormick figure is \$103 below the statewide average of \$584.

This wide variation in payments puzzled us and we attempted to explain the differences through a statistical analysis of demographic and economic factors. We were unable to explain the difference until we obtained data on average need and average income of recipients. While the ratio of blacks in the county did not explain the differences in average payments, the percentage of the case level which is black did have a small but significant effect on the amount of average need even after allowance for variation in the percentage of low rent units in the county. For every increase in the ratio of blacks of ten percentage points, average need is reduced by about 60¢. The most important factor



accounting for variation in average need was the percentage of rental units renting for \$40 or less or no rent.

What this means is that the consequence of living in counties with low rent primitive dwelling units is a reduction in computed need and, hence, in grant.

The welfare system is doing little to improve the conditions of people who have had to live in shacks all their lives. Because a shack is available for \$15, the person lives in it perhaps not knowing that he could move to a little better place for \$35 a month and have the difference paid for by welfare.

The knowledgeable person or the person who lives in a more urban area gets a better but still inadequate place while others are taken advantage of.

Income aside, the lack of uniformity among the counties affects the quality of services rendered to Old Age Assistance recipients as well as the benefits. In Pickens County the Welfare Department was going out this past summer to explain Public Assistance withholding for food stamps. In the other counties we studied no personal effort had been made to explain the program to recipients, according to county welfare officials.

A new state regulation, which became effective July 1, 1971, requires that each county have one full-time caseworker whose exclusive job is to provide services to the aged, disabled and blind recipients. As of late summer in 1971, the three counties of Richland, Lee, and Marlboro had reacted to the new regulation in three separate ways: Richland County had one worker assigned to provide services exclusively to recipients in nursing homes, Lee County had a full-time intake worker who provided services in her spare time (and who did not know what services were supposed to be provided), and Marlboro County was ignoring the regulation.

Federal welfare regulations include one very strict rule that all applications for Old Age Assistance must be acted upon within 30 days from the date of application. In practice, this regulation is broken in almost every county in South Carolina and severely bent where it is not broken. (See Appendix C for sample.) In the past, one reason for the delay between application and approval was the need to verify by investigation every statement made by the applicant. This investigation was required by both the federal and state regulations. It reflected a prevailing philosophy that the applicant was presumed guilty of attempting to get something for nothing until he had proved his innocence—the innocence of poverty.

The old system was abandoned in the spring of 1971 when South Carolina adopted the declaratory method—that is, it began accepting on face value the applicant's statement of his living conditions, the same way government accepts a tax return statement.

Adoption of the declaratory method had not meant a great deal of change by the end of 1971. Applications for Old Age Assistance still were being investigated to determine their validity in some counties and the waiting period had not declined.

In one sense the adoption of the declaratory method further complicated the application process. The questionnaire used to determine the applicant's financial need was drawn in such a way that neither applicant nor welfare caseworker—not to mention several Columbia attorneys—can understand its terminology.

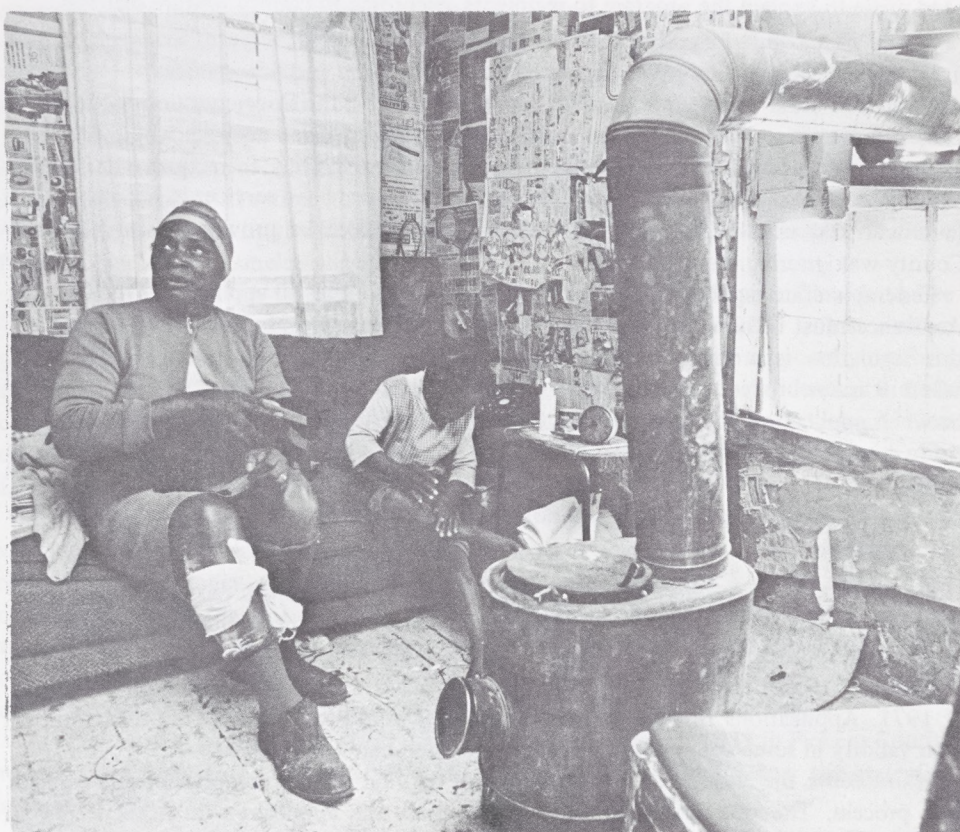
Other serious administrative shortcomings can be attributed partly to the state's dual state-county system and partly to the absence of forceful, imaginative leadership at the state and local levels.

The State Office for years has existed as a passive conduit of federal and state funds, exercising a minimum effort to reach as many as possible of the aged poor and to provide them with the funds and services the OAA program offers. Its supervision of local boards



has been essentially non-existent. The state director conceded in June of 1971 that he has no real power of decision in the appointment of either county welfare board members or, more significantly, of county directors. In theory the local board is nominated by the county legislative delegation and approved by the state director. The county director is appointed by the local board. Ultimately it becomes for the state director a question of deciding whether he has the political power to buck the local delegation.

At the local level, the attitude of South Carolina's political stalwarts too often has ranged from total apathy to near-total denial. The recipient of public welfare funds too often has been regarded as an unproductive chiseler feeding at the public trough. Too often, public welfare officials themselves have been politically unable or unwilling to offer a forceful rebuttal to that kind of thinking. Thus permitted to go unchecked, this pernicious attitude has remained current in South Carolina long after it should have been discredited.



"The recipient of public welfare funds too often has been regarded as an unproductive chisler feeding at the public trough."



Even today, public welfare is regarded by many South Carolinians as a distasteful but necessary function of government, continued because the federal government puts up most of the money. When state or local money must be spent, it is appropriated reluctantly and sparingly. This reluctance to spend local funds can be seen readily by a visit to the offices of some county welfare departments.

South Carolina law requires that the county government provide the physical facilities to house the operation of local welfare departments. But no standards of adequacy exist either in state or federal laws. The result is that physical facilities range from excellent to totally inadequate. Richland County, with a welfare clientele of 4,244 cases or 10,074 persons (as of August, 1971), has two interviewing rooms available for confidential interviews between clients and workers. Caseworkers report that maintaining privacy is many times impossible because conversations between them and their clients have to take place in hallways or at a desk surrounded by 40 other desks. There is not a single window in the department. On one occasion in July of 1971 visitors to the office were reminded in notices attached to doors: "Please keep your children from crawling on the floor, because rat poison has been placed there."

The building has more room set aside as a staff lounge than it has to accommodate the waiting poor. The Richland County Council has been asked repeatedly to provide the funds for more adequate facilities or to enlarge the present facilities. To date, the only action by the County Council has been the relocation of the Food Stamp operation to another section of the city.

The office is located two and one-half blocks from the nearest bus line, and telephone service is inadequate to handle the demand at certain times of the month.

Pickens County has provided excellent facilities. Facilities in Lee and Marlboro Counties are quite adequate, with one exception. The one exception, among those counties included in the Advocacy Program study, is in Lee County's Food Stamp program. The program is housed in a dilapidated and obviously substandard building about six blocks from the welfare office. The building has no sign on the outside to indicate that it is the Food Stamp office. The single waiting room is very small and not air-conditioned.

At the time the Advocacy Program staff visited the office there were 18 people crowded into the small waiting room and an equal number standing in line outside the building. Some had waited the entire day to be certified to receive the stamps. Others had come back for the second and even the third time. Some had spent as much as \$6 in transportation expenses and had to return again to the office for certification or purchase of Food Stamps.

The welfare administration in Lee County has been offered the use of much more adequate facilities at a no-longer used elementary school about four blocks from the present location. But the administration has consistently refused to accept the offer, supposedly because the proposed location does not satisfy the administration's notion of proper security for funds and stamps.

Generally, welfare caseworkers have a good working knowledge of rules and regulations. But the Advocacy Program team found some areas of surprising deficiency. Many caseworkers, for example, do not have a comprehensive grasp of the legal rights of applicants and recipients, nor of the full administrative process involved. These caseworkers demonstrated little appreciation for the fact that the applicants and recipients



need a great deal of patient communication and encouragement in order to understand their legal rights and the methods of remedy when they believe their rights are being abused.

Most caseworkers interviewed said they do not generally encourage the recipient to ask for a Fair Hearing in the event of termination or reduction in the amount of grant. They did so, they said, only if they themselves believed the recipient had a good position to defend. The most consistent rationalization given for this approach was that they did not wish to raise any false hopes in the recipient.

None of the counties surveyed had any real service program, and caseworkers were unsure as to what a service program might consist of and how services should be administered. One caseworker expressed the opinion that old people do not require many services in any case.

No deliberate discrimination against any applicant or recipient was found in the Advocacy Program survey, although directors and caseworkers alike are making no effort to assure compliance with Title VI of the Civil Rights Act. Indeed, they did not seem to feel that they should assume active responsibility to guarantee compliance.

In the rural counties, several physicians still maintain separate waiting rooms for white and black patients. No obvious effort was made to assure wide dissemination of information (particularly to minority groups) concerning the availability of agency programs and services without discrimination.

Only in Richland County did the survey find an honest effort to recruit black employees. In rural areas, no real effort was being made, and no blacks were in supervisory positions. One director was of the opinion that any specific attempts to recruit black employees would constitute discrimination against white job applicants.

Almost universally in the survey, directors, supervisors and caseworkers thought of themselves as being caught between the public's negative image of welfare on the one hand, and the obvious unmet needs of the recipient on the other hand. But it must be said that these same welfare officials do not seem eager to ease their position by improving public welfare's image or by actively seeking inter-agency coordination to meet the needs of the poor.

In one of the counties studied, the director assumed an isolationist attitude toward other helping agencies in the community. She refused any real contact with the local Neighborhood Center of the Office of Economic Opportunity, and gratuitously rejected an offer by the nearby Mental Health Center to provide a program of in-service training for caseworkers. At one time she refused to allow caseworkers to personally make referrals to other agencies without her prior approval. Some caseworkers indicated they attempted to cooperate with other agencies without the knowledge of the director.

Officials at the Neighborhood Center in that county claimed that many Old Age Assistance recipients were not participating in the Food Stamp program mainly because no substantial attempt had been made by the local welfare department to encourage them to do so or to help them overcome difficulties they might have in participation.

In another county, perhaps the tone of the attitude of the community and its welfare department can be gauged from two comments made about the study team's visit in the community. A member of the team entered a store in the town where the welfare department is located and was greeted with the comment: "You are a stranger to town, aren't you? You must be one of those people who have come down to look at the welfare department." The team member in question is black.



On the following day, the team members were informed that the welfare department director had made the statement: "The human rights group is here, but they won't find out anything. If they do, then we will change it."

In that county, a great deal of hostility and antagonism toward the local welfare director was expressed by Old Age Assistance recipients and staff members of the local Neighborhood Center. Food Stamp participants standing in line for hours to get into the office to be certified were openly angry and frustrated. The opinion rather generally expressed was that the department was harsh and punitive in its attitude toward and treatment of the poor.

In Richland County, there seemed to be more of an effort to cooperate with other agencies in the community, although marked with some degree of defensiveness.

To cite the breakdowns in local welfare administrations across the state is not to condemn every county unit, of course. Some county administrations without doubt are making an effort to serve their elderly poor within their limited capacity.



# V

## *Our Brother's Keeper*

### *. . . Public Welfare at the State Department*

South Carolina's elderly poor will continue to be denied what is rightfully theirs—regardless of the best effort at the county level—until a strong leadership in the South Carolina Department of Public Welfare can devise an administrative system which will guarantee uniformity of delivery.

Until the state legislature accepts the principle that any society truly worthy of the name must provide adequately for its lame, its unfortunate, and its feeble, public welfare will remain little more than public dole—dispensed punitively as often as it is dispensed charitably.

Who can say, for example, how many of the state's elderly poor choose destitution over public assistance because they are unwilling to give the state a claim on their homes. The state's public welfare law subjects the estate of an Old Age Assistance recipient to a claim for the amount of welfare benefits received by him. No figures are available to show how many elderly poor have declined public assistance because of this lien law. But some caseworkers estimate the figure might range from 15% to 25% of all those who make inquiry.

The Advocacy Program research team asked directors, caseworkers, and recipients what they think of the lien law. The near unanimous opinion is that the law is unfair because it penalizes the Old Age Assistance recipient for receiving money to which he has a right, and that the law is inequitable because the Old Age Assistance classification is the only public welfare program administered by the state to which the law applies.

But one caseworker in Richland County said of the claim law: "If people own property and receive welfare, they should pay back the department for what they get."

A supervisor agreed. "It's like a loan on the property," she said.

These two women could not be expected even vaguely to understand the feeling of a 94-year-old black woman living on the outskirts of Bennettsville, in Marlboro County.

This woman lives alone. She has been a widow for 52 years. Her only income now is the small amount contributed by relatives. Her five-room house with its acre of land is not, by any means, a castle. The porch is partially rotted. It has no indoor plumbing, and only one room is heated. One room has no roof and no floor. The view out back is a garbage dump.

But the house has been her home for 25 years. Except for its furnishings, she owns nothing else.

At the age of 90, she was still working. When she applied later for Old Age Assistance, she was told about the lien law and then withdrew her application.



"I want my children to have something when I die," she said.

The justification for maintaining the lien law, as recently explained by officials of the South Carolina Department of Public Welfare in testimony given before a legislative committee, is that it enables the state to recover some funds and, more important, that it deters an individual with a lot of property from applying for state aid.

Yet, at the same legislative hearing, a representative of the attorney general's office reported that more than 50% of the claims executed since 1959 were on pieces of property valued at less than \$2,500.

In this country, a great value is placed on home ownership. Homeownership is, for many, the mark of belonging to society. We encourage homeownership through financial subsidies from the Federal Housing Administration to the middle class. We also encourage lower income families to purchase homes through federal payment of a part of the interest cost. To provide a financial disincentive to the poorest of the poor demonstrates discrimination against the most disadvantaged sector of society.

The Department of Health, Education, and Welfare says that public welfare agencies should encourage homeownership. It also notes that public welfare agencies in many states actually discourage homeownership.<sup>10</sup> South Carolina is one of these states.

In fact, the present state welfare administration publicly defends the lien law. This defensiveness is characteristic of the way the state office has attempted to carry out its supervisory role, especially in the Public Assistance Division—which should be the most significant section of the state office organization.

This division is responsible for the formulation of policies and procedures which apply to all of the public assistance categories. Theoretically, its work is supposed to be the foundation for establishing state policy in determining extent of financial assistance and degree of services the elderly poor need. It is responsible also for finding the means to pay for those needs and services.

Yet the evidence indicates that the Public Assistance Division's demonstrated capacity for creativity and imagination is limited, to say the least.

The division has made little effort to demonstrate to the legislature and the public that an increase in the state appropriation for welfare can be a money-making proposition. Each additional state dollar appropriated attracts three dollars of federal funds.

Even without the expenditure of additional state funds, South Carolina could qualify for additional federal funds for services through cooperation with other state agencies and private organizations. In June of 1971, United Community Fund in Charleston offered to provide the required 25 per cent of local resources needed to get the 75 per cent matching funds from the Department of Health, Education and Welfare to set up a program of services to maintain people in their own homes. By the end of 1971, United Community Fund remained unsuccessful in negotiating an agreement with the South Carolina Department of Public Welfare.

One recurring difficulty the elderly poor experience in receiving medical care involves the Medicaid Identification Card. These cards are issued every month by the state welfare administration, even though every person receiving public welfare is automatically eligible to receive the Medicaid services. Some recipients do not know why the identification card is issued. Some do not understand that the old card must be replaced each month, and

<sup>10</sup>*A Right to a Decent Home*, United States Department of Health, Education, and Welfare, Social and Rehabilitation Service, p. 29.





therefore they frequently present out-dated identification cards and end up having to pay for medical services that are supposed to be provided free.

In August of 1971 a member of the Advocacy Program team asked Roy T. Loyd, chief of the Division of Public Assistance, if the department had considered issuing permanent Medicaid Identification Cards to OAA recipients.

Permanent cards had not been considered, Loyd said, because such cards might be used even after termination of the Old Age Assistance grant.

But could not the card be called in at the time of termination of the grant? Loyd was asked.

"Yes," he said. "But they then would be able to say that they lost it and would find it a week later and be able to use it again."

They would cheat, in other words.

"Has there been any research into the number of people, either through their own error or administrative error, trying to use an outdated identification card?" Loyd was asked.

"No," Loyd said, "there has been no research into the question."



The state department has a Research and Statistics unit. But the supervisor of the unit, in an interview in July of 1971, said her office does very little research. Its work deals mostly with statistical tabulation.

The result is that the state department can determine at a glance what the average monthly grant is to any individual in any county in the state. But it can not tell what is the average monthly income of the elderly welfare recipient or how many OAA recipients also receive Food Stamps—a question that should be of some concern to the chief of the Public Assistance Division, who controls the work of the Food Stamp unit.

What does the average recipient of Old Age Assistance pay in monthly rent? What is the racial composition of the OAA rolls? What does it cost to process an OAA application?

The S.C. Department of Public Welfare does not know the answers to these questions.

How many of the state's elderly poor need dentures? How many need glasses? How many live alone, without even a telephone to call for help or to reach friends or neighbors? Without cars or public transportation, how do they get about? How many are too poor to pay for their own medical care but not poor enough to qualify for welfare and free medical care?

The S.C. Department of Public Welfare does not know and has not shown any interest in finding out. Nor has it shown any interest in attempting to estimate how we might increase benefits and at the same time bring additional federal funds into our economy.<sup>11</sup> Many of these questions, submitted to state welfare officials three and four months ago, remain unanswered.

One example of creative leadership from the state welfare administration came in 1971 with the introduction of a unique system of delivering Food Stamps to public welfare recipients. The system, called Public Assistance Withholding (PAW), provides for the deducting from welfare checks of the cost of Food Stamps, thereby enabling welfare recipients to receive Food Stamps directly by mail, along with their welfare check.

South Carolina was the first state in the nation to adopt this plan. It is an attempt to resolve some of the inconveniences in the Food Stamp program. But PAW has not yet won widespread acceptance among the state's Food Stamp participants, and many of the inconveniences remain unresolved.

Lack of ready access unquestionably is the most acute problem among Food Stamp users, especially the aged poor. In many counties, where there is only one Food Stamp location, old people in outlying areas must spend precious dollars for private transportation to and from the distribution center. Frequently they must wait intolerably long to be processed. The Advocacy Program research team talked with some OAA recipients who had waited for a whole day in the rain and had to return the following day to get the stamps.

One woman in Richland County has to walk several blocks to receive Food Stamps and then wait in line two to three hours to be served. On rainy days she will forego Food Stamps for two weeks rather than risk catching cold.

Contrary to U.S. Department of Agriculture requirements, at least one county, Lee, compels the Food Stamp user to buy his entire monthly allotment in a single purchase. Food Stamp participants are supposed to be allowed to buy the stamps twice a month.

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<sup>11</sup>The reader is referred to Appendix D—a memorandum submitted to Dr. Ellis prior to his appearance before the State Budget and Control Board to request appropriations for 1972-73. The suggestions outlined in the memorandum have not been acted upon in any way by his Department.



Unquestionably many elderly recipients of welfare refuse to participate in the Food Stamp program because they regard it as an insult to their human dignity. It simply increases the stigma of accepting welfare assistance and imposes a different monetary exchange on the poor. The question arises, then, whether the distribution of Food Stamps—no matter how widely—is now or ever can be an effective or appropriate method of uplifting the poor. Would it not better preserve human dignity and better conserve the nation's resources to give the public welfare recipient the equivalent of Food Stamps in increased cash benefits? Would it not be less expensive in administrative costs?

The state's Old Age Assistance recipients need more than patchwork programs and palliative cash increases. They need at least a 50 per cent increase in cash benefits simply to achieve the federal poverty level. They need better housing, which means more money to pay for housing.

They need better medical care—delivered by a single, comprehensive program and free of red tape.

They need a public welfare system which will look upon the care of the aged not as a public dole but as a legitimate function of society. They need a public welfare system which will recognize that the elderly poor have a right to public assistance and which will, at the same time, protect that right and those exercising it. They need a welfare system which can fulfill its responsibility in such a way that it does not stigmatize the people it is intended to help.

In some measure the 73-year-old white woman who did not have enough money to buy food near the end of July in 1971 had an empty plate because her legislature and the S.C. Department of Public Welfare lack the commitment to satisfy an essential human need. The state's elderly poor will be served adequately only when government accepts that commitment.



# VI

## *The Golden Age*

### *... How the Elderly Poor See Themselves*

"I didn't want to do it," the woman said. "Our family never had to do it. I cried. It really hurt me."

Here, in the summer of 1971 in a neat brick house in one of Columbia's working-class neighborhoods, was an authentic example of the shame the people of South Carolina impose on their elderly poor.

After a half-century as a productive, self-reliant member of society, this woman had become enfeebled by age and illness. Reluctantly, she applied for state help and the state responded by awarding her an Old Age Assistance grant of \$80 a month.

But the state also exacted a price: the woman's dignity as a human being.

"It was the first step down," she said. She is 75 years old and lame. But she will not participate in Medicaid, and Food Stamps are out of the question because her pride will not allow her to take another step down.

The attitude expressed by this woman explains to a great extent the reason public welfare is associated with public disgrace in South Carolina. It illustrates also the major obstacle to effective change in the public welfare system.

Among the state's younger and more verbal welfare recipients—and within the more enlightened segment of society as a whole—the concept of public welfare is undergoing dramatic change. It is regarded not as a privilege to be dispensed charitably to the "deserving" poor and grudgingly to the "non-deserving" poor. Rather it is acknowledged as a right, to be exercised freely and without shame—the same way one may exercise his right to vote or his right to speak his mind.

But the 75-year-old Columbia woman and many thousands like her are products of a different time, conditioned by different social values. To them, public welfare remains a public charity—to be resented and resisted as long as humanly possible. When they must take "the first step down" to accept that public charity, they have been conditioned to show appropriate gratitude.

Unfortunately, this concept of public welfare also is representative of South Carolina society as a whole. That is why nobody here has championed the cause of the elderly poor.

The majority of the 90 OAA recipients interviewed in the Advocacy Program study see themselves as the beneficiaries of kindness and generosity from the state. Some of them, though, do feel that the state is not being generous enough.

Still, they are not inclined to complain. When a welfare check is reduced because of an increase in Social Security, for example, the typical OAA recipient neither understands



nor objects to the reduction. Privately he might be angry, but he accepts as gospel that the welfare department has the right to decide how much money he should receive.

"I'm just grateful for what I get," one woman said.

"I thank the Lord they send me something," another stated.

One 74-year-old black woman in Marlboro County described the welfare department this way: "They are like the 'Lawd'—they takes one step toward me and I takes two steps toward them."

Caseworker visits obviously are brief. The majority of the recipients interviewed either did not know who their caseworker was, or they could not remember the caseworker's name. In Marlboro County, several recipients confused the county health nurse with the caseworker. The former they see frequently. The latter they see once or twice a year.

Unannounced visits by the caseworker—the rule rather than the exception—were accepted without rancor by all recipients. Although the state welfare regulations discourage these unannounced visits, the elderly poor often are glad to receive any visitor—announced or not—as a welcome relief from the monotony of daily isolation and loneliness.

Several recipients, when asked why the caseworker visited, replied that the caseworker was "my investigator." Others said the caseworker came to talk. Several recipients in Lee County said the caseworker asked whether they had bought television sets, freezers and the like since the time of the last visit. One recipient said she had been asked if she kept chickens.

The majority of recipients felt that they needed more money. In Richland County, many emphasized the need for more clothes. One woman said she has stopped going to church—once her only means of social as well as spiritual fulfillment—because her clothes are so ragged she does not feel comfortable in church anymore.

Transportation was generally mentioned as a need that was not being met. Other needs mentioned were "more visits from the caseworker," better medical care, more money for food and utilities, and someone to help with chores around the house. Only \$7.80 is allowed for utilities per month. Our survey of recipients indicates that winter costs of \$25 a month for coal alone are not uncommon. The money must come from the small allowance of \$7.75 for clothing and \$33.75 for food.

Much of the loneliness and isolation of the aged is due to their economic isolation from the rest of society. Many would like to socialize more, but either have no way of getting to see their friends or have no type of social function in which to participate.

Some OAA recipients, living in housing projects, attend occasional gatherings sponsored by the housing project administration. The Interagency Council on Aging attempts to answer the problems of loneliness and isolation. But neither of these two resources is available to the great majority of Old Age Assistance recipients.

Because the elderly poor do not see themselves as rights-bearing citizens, so are they regarded by employees of the public welfare departments. This is made abundantly clear in an examination of the Fair Hearing procedure. Even though all OAA recipients had been informed verbally and in writing of their right to a Fair Hearing (an appeal on any decision affecting their status), most of those interviewed had no idea of what was meant by the term.

Each recipient was asked: "What would you do if the check you receive from the welfare department next month was \$10 less than this month's check?"





The answer received most often was that the recipient would do nothing. As one recipient explained: "They know what they are doing. They give the money and they decide how much I should get."

Recipients showed no real knowledge of how their individual budgets are calculated by the welfare department or why they get a particular amount each month as opposed to a different amount for someone else. They generally did not understand what makes them eligible or ineligible for assistance.

The Advocacy Program staff found several people who had publicly expressed dissatisfaction with their local welfare department. But these were people who had been rejected for Old Age Assistance at the time of application—generally the point at which most dissatisfaction arises.

In common with some other states, South Carolina makes a distinction between Inquiry and Application for assistance. An application for assistance is "the indication, however made, of an individual or of someone representing him that he is in need of assistance and/or wishes to obtain assistance." An inquiry is a request for information, "distinguished from an application in that the main emphasis is on obtaining information with no request for assistance."

State regulations require that "an application must always be recorded even when it is immediately evident that the applicant is definitely ineligible. An inquiry need not be recorded unless it turns into an application following the receipt of the information requested."

It is possible that many actual requests for assistance are tossed into waste baskets as inquiries, depriving the potential applicant of the protective mechanisms within the application process.

Like many other regulations intended to protect the poor and assure them full consideration, this regulation tends to protect the well-informed, the educated, the



independent and aggressive individual who is prepared to take the personal initiative to assert himself.

But, Old Age Assistance recipients, for the most part, are not educated, independent, and aggressive. The Advocacy Program survey found an elderly population made up mostly of former farmers and laborers with modest education and training. Almost all of them were born in South Carolina and proud of it. They were not loafers. Even though the survey included some women who had never worked outside the home, more than one-half of the total survey showed a work history of 30 years or more. Of the 30% who reported less than 10 years of work experience, 71% were white.

But they are not the stuff of social revolution. If their cause is to be championed, if the best is yet to be, whose hand will take up their cause?



# *In Whose Hand?*

## *. . . Summary and Recommendations*

For more than 19,000 of South Carolina's senior citizens the Golden Age of retirement is a cruel myth. Reduced to living on public welfare as recipients of Old Age Assistance, they have neither the dignity nor the security society should offer its dependent old people.

In loneliness and destitution, they live in housing that can be described accurately as deplorable. They subsist on minimum diets, often without cooking or refrigeration facilities essential to proper meal preparation.

Medically, they are in greater need of care than any other segment of the population and worse off than the elderly poor in most other southern states. But their illnesses often go untreated despite the existence of the federal Medicare and Medicaid health programs.

An Old Age Assistance recipient living alone in South Carolina can receive a maximum of \$80 a month from the state. Unless he also received Social Security, he thus is compelled to survive on less than half of what the federal government designates as "poverty level."

On the one hand, he is encouraged by some caseworkers to get off welfare and go to work. On the other hand, the state not only does not provide an economic incentive to work, but also actually punishes the Old Age Assistance recipient financially if he does go to work.

These conditions exist because public welfare in South Carolina is seen not as a right, but rather as a public charity which not only imposes a destitute standard of living on its elderly poor, but also exacts human dignity as the price of a welfare grant. They exist because South Carolina is among the stingiest of all states in the amount of public money it spends for public assistance for the elderly poor. In South Carolina, public assistance is given sparingly and grudgingly, and the state's willingness to allow its elderly poor to share proportionately in state wealth over the past three decades does not even approach that of South Carolina's neighboring states.

South Carolina's elderly poor remain poorer in some counties than in others and poorer anywhere in the state than in almost every other state because of the discretion allowed by the federal government to the state and because of the shortsighted neglect of and indifference to the needs of the elderly poor.

The South Carolina Department of Public Welfare has not effectively presented the plight of the poor to South Carolina residents.



The deplorable conditions in which South Carolina's elderly poor must exist prevail because neither the South Carolina Department of Public Welfare nor the state legislature has shown a genuine commitment to meet human need.

Until state government and society in general accepts that commitment—until the state is willing to pay the price of a social conscience—the elderly poor will continue to be denied the right to live out their lives in even minimum comfort and security.



### Recommendations

In light of the conditions reported in its Advocacy Program study, the South Carolina Council on Human Relations recommends the following steps be taken in behalf of Old Age Assistance recipients in the state:

1—The Council recommends that the estimated standard of need of the Old Age Assistance recipient living alone should be raised from the present \$87 a month to \$163 a month. Concurrently, maximum grants of \$80 a month should be raised to provide that the state pay 100% of need. This would raise the level of subsistence to the Social Security Administration's estimate (adjusted for a 4.6% increase in price in 1971) of a poverty level standard of basic need.

The preparation of the welfare budget in South Carolina should give more attention to maximizing the amount of federal money available, especially in the area of services to Old Age Assistance recipients. The present itemized budget for an Old Age Assistance recipient should be abandoned in favor of flat grants.

2—The Council recommends that the present dual system of state-supervised, county-administered welfare departments be abandoned. We suggest that the present system be replaced by one central administration which would be structured around the ten regional districts suggested for the state by Governor John C. West.

3—The Council recommends that the present system providing for payment of medical services by two distinct programs, Medicare and Medicaid, be abolished and replaced by a



comprehensive Medicare program for the aged with none of the existing limitations on type or degree of service and number of quarters worked. In the interim stage, the Council recommends a series of steps to make better use of the present system:

A—Public welfare administrators and caseworkers should be required to take positive action to assure maximum participation in present Medicare-Medicaid programs.

Presently, a Social Security or other increase of \$4.00 or more a month can mean that an Old Age Assistance recipient loses all Medicaid benefits because he becomes ineligible for Old Age Assistance. Therefore, immediate steps should be taken by the State Department of Public Welfare to participate in the medically needy only portion of the Medicaid program. The resulting program should go into operation no later than January 1, 1973.

B—Administrative detail should be simplified, and information should be disseminated, in order to encourage more physicians to participate in the Medicaid program.

C—The Drug Formulary should be either abolished or revised in order to give attending physicians greater latitude in prescribing medicine dictated by their professional judgment and the patient's need.

"One of the major responsibilities of a state medical advisory committee is to ensure that the medical care and services made available to recipients are in no way inferior to those enjoyed by the rest of the population."<sup>12</sup> With less than the full range of drugs readily available, we do not see how services could be "in no way inferior."

D—The practice of issuing monthly Medicaid Identification Cards should be abandoned. The monthly card should be replaced by a permanent identification card, to be recalled only when the recipient goes off the Old Age Assistance rolls. If the nation's business and financial institutions have found adequate protection for the widespread use of credit cards, then surely the state of South Carolina need not fear bankruptcy by issuing identification cards to its elderly poor on the same basis. Just as financial institutions issue regular lists of invalid credit cards, the South Carolina Department of Public Welfare could issue periodic lists of invalid Medicaid cards to protect against error or fraud.

4—The Council recommends that the South Carolina Department of Public Welfare initiate and enforce strong measures to provide needed services to the elderly poor beyond the monthly cash benefit. Among the most desperately needed of these services are transportation, homemaker personnel, home health care to make it possible for many elderly poor to remain at home instead of moving to a public care institution, and an efficient referral service.

5—The Council recommends that administrative practices be improved in the following areas of the Old Age Assistance program:

A—Applications: Any request from a potential Old Age Assistance recipient should be recorded and documented, eliminating the distinction between inquiry and application.

B—Declaratory Form: The present form should be simplified so that it can be successfully and expeditiously completed by any applicant or representative of an applicant. Ultimately, the determination of financial eligibility should become so simple that it can be processed by mail. This application should state clearly that up to \$35 is allowed for shelter.

C—Action Upon Application: All counties should be required, under sanction, to complete action upon applications for Old Age Assistance within the prescribed 30-day period. Failure to meet the 30-day requirement in any county could result in the

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<sup>12</sup> *Medicaid*, Questions and Answers on Title XIX, Medical Assistance, HEW, June, 1968, p. 14.



withholding of regular merit system salary increases until that county is in compliance. When delay of action can be foreseen, emergency grant payments should be made to the applicant pending final approval of the application.

D—Fair Hearing: The Fair Hearing procedure should be revised to include adequate free legal representation for all applicants and recipients who seek a Fair Hearing. South Carolina should take advantage of the fact that unused federal funds are available to provide such services. Presently, the state has only two appeals examiners for all welfare programs. This number should be increased. Caseworkers should be alert to expressions of dissatisfaction among applicants and recipients and genuinely interested in guaranteeing that any dissatisfaction is fully explored. In every Fair Hearing, the plaintiff should have the right to make representation, both legal and personal, before the state office committee which makes the final decision.

E—Research: The Research and Statistics unit of the Division of Data Processing in the state office should direct efforts toward research into the degree to which the Old Age Assistance program is actually meeting the needs of the aged. Research should be resulting in reports which indicate what are the actual financial, living, and health conditions of the aged, in contrast to the present research which merely tells us how much money the state channels through the Old Age Assistance program.

F—The Council recommends that a Program Analysis Division be established at the State Office. Presently, no mechanism exists to systematically review existing programs or plan future programs. This division should report directly to the State Director.

This Division should concentrate on maximizing on available federal funds in developing new programs. Presently, the federal government will pay 75% of the cost of services to the poor, and is presently paying almost 80% of the Old Age Assistance payments in this state. This means that one dollar of state money generates up to four additional federal dollars. It should be realized that the increased payments to the aged poor would mean more services bought, more rent paid—in effect, more money for a lot of South Carolinians *not* on welfare. South Carolinians are not getting back their share of federal taxes because of short-sighted state fiscal policy.

The Program Analysis Division which we recommend, in cooperation with the Administrative Division of the Governor's Office and with many other state agencies, could help to bring about a significant change in this policy through a more creative use of existing state funds and a more aggressive approach to fiscal planning for programs to meet the needs of the poor.

G—Civil Rights compliance: Each county should be required to furnish proof to the Governor's Advisory Commission on Human Relations of the degree to which it is fulfilling its responsibility to guarantee compliance with Title VI of the Civil Rights Act.

6—The Council recommends that the state's claim against property be eliminated as a condition of eligibility for Old Age Assistance. If the claim against property must remain, it should be executed only on property valued at \$2,500 or more instead of the present \$500 or more.

7—The Council recommends that the responsibility for providing physical facilities of local welfare departments should be removed from the county government and assumed by state government. This responsibility should include written standards to insure adequate facilities.

8—The Council recommends that the Food Stamp unit of the South Carolina Department of Public Welfare become either a completely separate division with adequate staff to handle the program, or an entirely separate department of state with no



connection with the welfare department. Additional satellite distribution centers should be set up in each county. The use of mobile units should be increased to make stamps more available to those who need them but who often must overcome great difficulty to get them.

9—The Council recommends that the United States Department of Health, Education, and Welfare assume more responsibility for assuring state compliance with federal requirements. Specifically, the department should conduct more frequent on-site reviews of the administration of welfare programs. The public should be informed of the results of these reviews. For example, the department should monitor and determine the degree to which South Carolina is taking action on applications within the required 30-day period, and publish the results of the study. All department reviews of all welfare and related programs should be made available to the public.





## Appendix A

	White	Black	Total
A. Is there running water inside?			
Yes	30	40	70
No		10	10
No response		1	1
TOTAL	30	51	81
B. Is there hot water?			
Yes	20	19	39
No	4	15	19
No response*	6	17	23
TOTAL	30	51	81
*Question not asked in early portion of survey.			
C. Is there a bathtub or shower?			
Yes	29	39	68
No	1	10	11
No response		2	2
TOTAL	30	51	81
D. Is there a flush toilet?			
Yes	29	39	68
No	1	11	12
No response		1	1
TOTAL	30	51	81
E. Have you seen a rat or mouse inside this house in the past week?			
Yes	3	20	23
No	27	31	58
No response			
TOTAL	30	51	81
F. Does the roof leak when it rains?			
Yes	7	16	23
No	23	31	54
No response		4	4
TOTAL	80	51	81
G. Are there any holes as big as your hand in the plaster, wall, or ceiling?			
Yes	2	3	5
No	28	47	75
No response		1	1
TOTAL	30	51	81
H. Is this house in need of major repair?			
Yes	11	21	32
No	19	30	49
No response			
TOTAL	30	51	81



I. Is every room heated in the winter?

Yes	26	24	50
No	4	25	29
No response		2	2
TOTAL	30	51	81

J. Living in public housing?

Yes	3	6	9
No	23	41	64
No response	4	3	7
TOTAL	30	50	80

Total in Sample, including those not at home, living in public housing: 9

RENT: OAA RECIPIENTS LIVING ALONE

	White	Black	Total
\$55	1		1
44		1	1
40	2	1	3
36		1	1
35	1	2	3
33	1	4	5
29		1	1
28		1	1
26		1	1
25	2		2
24		1	1
10		2	2
TOTAL	7	15	22

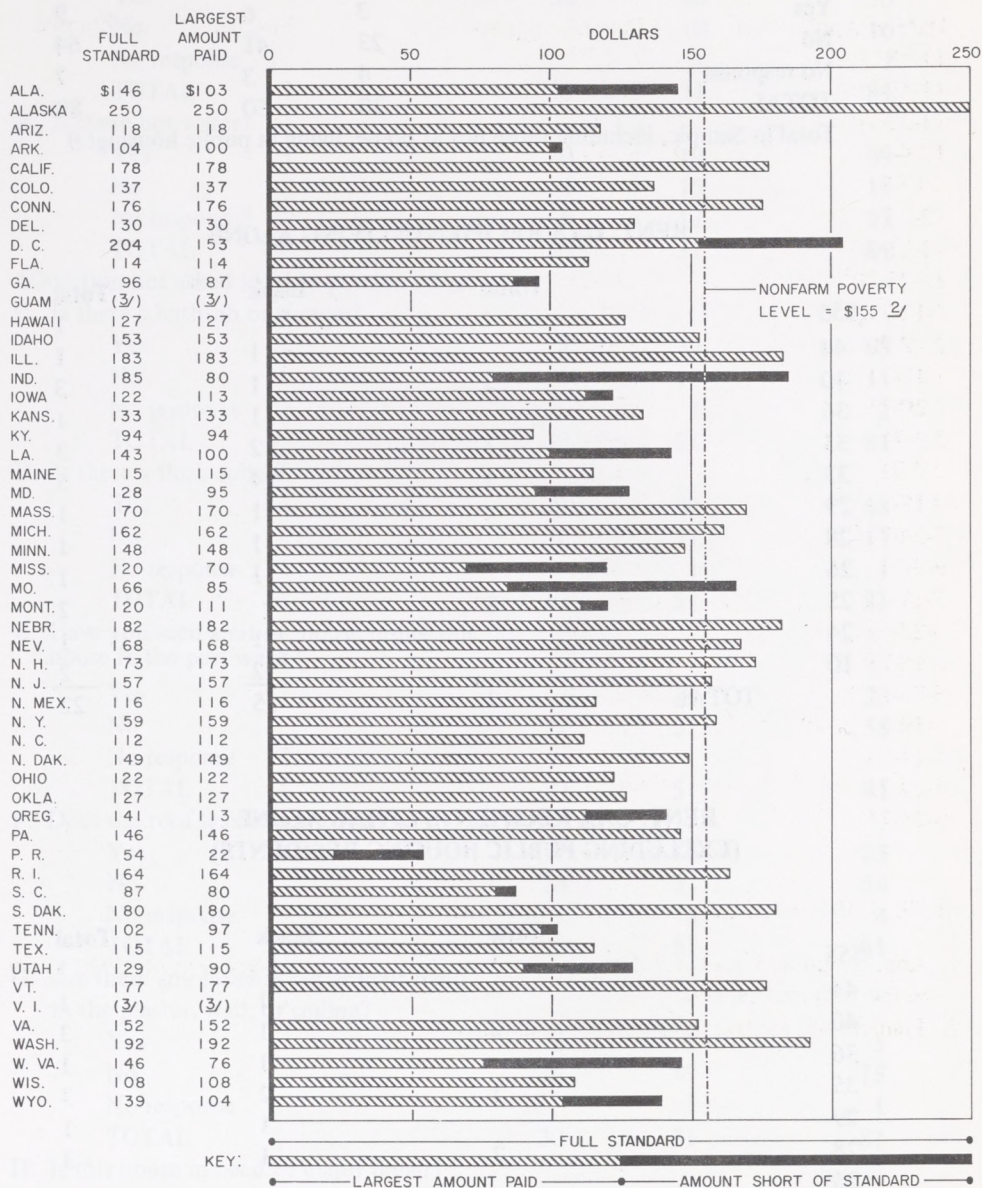
RENT: OAA RECIPIENTS LIVING ALONE  
(EXCLUDING PUBLIC HOUSING RESIDENTS)

	White	Black	Total
\$55	1		1
44		1	1
40	2	1	3
36		1	1
35	1	2	3
29		1	1
28	2	1	3
25			
24		1	1
10		2	2
TOTAL	6	10	16



## Appendix B

OLD-AGE ASSISTANCE: FULL MONTHLY STANDARD FOR BASIC NEEDS FOR AN  
AGED WOMAN AND LARGEST AMOUNT THAT CAN BE PAID TO SUCH RECIPIENT,  
BY STATE, MARCH 1971 <sup>1/</sup>



<sup>1/</sup> DATA BASED ON ASSUMPTIONS THAT THE RECIPIENT: (1) IS LIVING ALONE IN RENTED QUARTERS; (2) NEEDS AN AMOUNT FOR RENT THAT IS AT LEAST AS LARGE AS THE MAXIMUM AMOUNT ALLOWED BY THE STATE FOR THIS ITEM; AND (3) HAS NO INCOME OTHER THAN ASSISTANCE.

<sup>2/</sup> FOR A WOMAN LIVING ALONE IN THE CALENDAR YEAR 1970. SOURCE: BUREAU OF THE CENSUS, CURRENT POPULATION REPORTS, SERIES P-60, NO. 77.

<sup>3/</sup> DATA NOT REPORTED.

HEW-SRS-NCSS No. 368



## Appendix C

### Application Date and Approval Date of Richland County Old Age Assistance Recipients

Date of Application	Date of Approval	Number of Days Elapsed
11-18-70	1-15-71	58
11-19-70	12-30-70	41
11-23-70	2-6-71	75
12-4-70	4-30-71	147
2-17-71	3-30-71	41
12-7-70	3-15-71	98
12-21-70	1-30-71	40
12-23-70 <sup>2</sup>	6-10-71	169
4-12-71	6-30-71	79
2-22-70	3-30-71	36
1-18-71	2-28-71	41
1-20-71	3-6-71	45
2-2-71	3-6-71	32
2-2-71	3-30-71	56
3-19-71	7-10-71	113
2-24-71	3-30-71	34
3-9-71	3-30-71	21
3-11-71	4-8-71	28
3-23-71	6-10-71	79
3-18-71	4-30-71	43
3-23-71	4-30-71	38
4-19-71	5-30-71	41
5-11-71	6-30-71	50
5-17-71	6-18-71	32
5-24-71	6-30-71	37

NOTE: Only 2 of 25 met the 30-day requirement.

1. Application and approval date of 25 recipients whose cards were in consecutive order in the recipient card file.
2. Transfer of case from one county to another.



## Appendix D

October 6, 1971

### MEMORANDUM

TO: Dr. R. Archie Ellis, Director, South Carolina Department of Public Welfare  
FROM: Mr. Edward A. McSweeney, Chief Monitor, Welfare Division

Current public assistance levels are well below the poverty level in most states. In South Carolina, public assistance is below the poverty level. Moreover, standards of need and maximum payments are below the level in most other Southeastern states.

Raising benefit levels would not only help the poor, but also help the economy of South Carolina. We suggest that your Department estimate both the state and federal share of several alternatives for raising South Carolina public assistance.

#### PLAN I

Raise the maximum grant to the South Carolina budgeted need. Show Old Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, and Aid to the Disabled separately. How many additional recipients would receive benefits?

#### PLAN II

Raise the standard of need to the Southeastern (Health, Education, and Welfare Region IV) average as of July 1, 1971, for the single Old Age Assistance recipient and for the mother and three children. These figures were \$113 and \$223 as shown in a table prepared by the Social and Rehabilitation Service, July 13, 1971. Assume that the maximum grant is the standard of need. Assume that the standard of need is paid regardless of actual rent paid. For Old Age Assistance recipients living with others, assume that \$22.50 is paid for rent and that needs for other than shelter are raised by 31%. For Aid to Families with Dependent Children families other than a mother and three children, assume that the need and payment are raised so as to maintain the current percentage relationship between the needs of various size families. Assume that the maximum is allowed regardless of rent actually paid. How many additional recipients would receive benefits?

#### PLAN III

Implement an aid-to-families-with-an-unemployed-parent plan assuming benefits are paid comparable to those now paid to AFDC recipients. Assume an unemployment rate of 5% equal to the South Carolina 1970 unemployment rate. How many families would receive benefits? What would be the state appropriation and the federal matching amount for AFDC-UP Program even implemented estimated according to Plan II? What is the estimate of the number of families in the state who would be eligible to participate in such a program under both standards?



#### PLAN IV

Raise persons in categories now eligible for public assistance to the adjusted poverty level figures shown below. The figures shown below are the 1970 Social Security Administration's poverty level figures for a non-farm family adjusted for a price increase of 4.3% with our figures added for recipients other than AFDC living with others and AFDC families (except couples) with six or more children. The Social Security Administration shows only a single amount for families headed by a woman with seven or more members. How many additional families would receive assistance?

#### AID TO FAMILIES WITH DEPENDENT CHILDREN (Female Head)

1 child	\$2,577	Social Security Administration
2 children	3,132	
3 children	4,118	
4 children	4,838	
5 children	5,444	
6 or more	Add \$605 for each child over 5 in a family	

#### OLD AGE ASSISTANCE

Single Individual	\$1,941	
Couple *	2,449	
Single Old Age Assistance (living with others other than husband)	1,225	Our figure (half the couple amount)

#### BLIND AND DISABLED

Single Individual	\$2,096	
Couple *	2,716	
Single Recipient (living with others other than husband or wife)	1,358	Our Figure (half the couple amount)

NOTE: 1970 Social Security Administration poverty levels adjusted for 4.3% price increase unless otherwise noted.

\*For Old Age Assistance and Blind and Disabled, assume that, if one member or couple qualifies, the couple's income would be brought to the level shown.



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*Grow old along with me!  
The best is yet to be  
The last of life, for which the first was made:  
Our times are in His hand . . .*

*— Robert Browning (1864)*

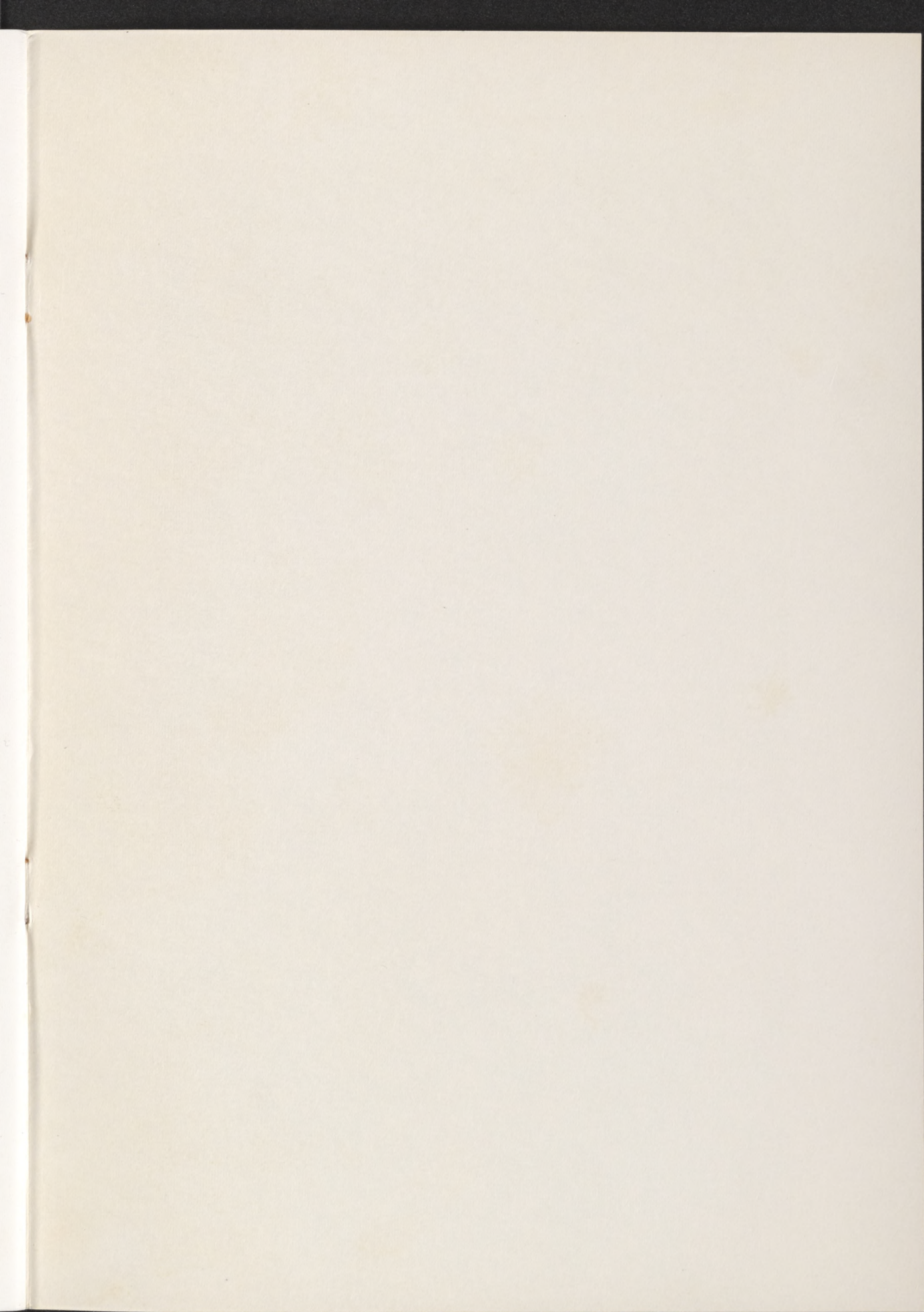




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**Price 1.00**

The South Carolina Council on Human Relations has rendered a public service by providing this report on the elderly poor and disadvantaged of our state. Although I do not agree with every recommendation, I believe it is a report which should be read by all South Carolinians to help us solve our problems in this area. Until we put into practice some of the solutions proposed in this study, we have no right to be pleased with ourselves in any way regarding our old age programs. After all, the elderly, like no other minority group, is one which we all must join one day.

—U.S. Senator Ernest F. Hollings

